Twenty Years of AIDS in the United States, the World, and Virginia

AIDS continues to have a tragic impact, not only on those who have died or are living with HIV infection, but also on the many friends, families and entire communities that have been forever changed by the epidemic. — CDC Director Jeffrey P. Koplan, M.D., M.P.H[1]

Fighting the Devastation of HIV/AIDS Worldwide[2]

Since AIDS was first documented in the 1980s, HIV has claimed the lives of more than 21 million people worldwide. Today it is the leading cause of death in Africa and the fourth-leading cause of death globally.

In Sub-Saharan Africa, more than 25 million people are currently living with HIV. As young adults perish from the disease, children are orphaned, social support systems fail and countries' gross domestic products decline. In Zambia, for example, access to education has been affected as schools cannot train teachers fast enough to replace those who have died of AIDS. In Asia, the epidemic is beginning to spread with 3.5 million people infected as of 1998 in India alone. In Eastern Europe, Russia reported 10,000 cases of HIV in 1999; in 2001 there are an estimated 70,000.

Despite these trends, prevention efforts — including access to counseling and testing, promoting the use of condoms and clean syringes, availability of drugs to reduce opportunistic infections and mother-to-child transmission, and testing the blood supply — are slowing the epidemic in several countries. In Uganda, the HIV prevalence rate has fallen from 14% in the early 1990s to 8% in 2000 due to strong government-support of HIV-prevention programs. In Thailand, HIV prevalence decreased in military recruits and women attending antenatal clinics after a 100% condom use campaign was introduced for commercial sex.

But barriers remain in combating the HIV/AIDS pandemic. HIV is stigmatized in many cultures, preventing individuals from seeking care, and political leaders from advocating for prevention and treatment programs. The antiretroviral drugs, which have slowed the death toll in wealthier countries, have been greatly reduced in price, but the infrastructure needed to deliver treatment is inadequate and needs strengthening.

As HIV continues to spread around the world, the international community — governments, national and international organizations and foundations — has realized the impact of the pandemic and the need for increased assistance. For example, the United States alone spent nearly $458 million to support AIDS prevention programs in affected countries in fiscal year 2001. In 1999, the Centers for Disease Control and Prevention (CDC) started the Global AIDS Program (GAP) to help developing countries. GAP goals for these countries include a) reducing the spread of HIV by preventing sexual, mother-to-child, and blood-borne transmission; b) improving community and home-based care and treatment of patients with HIV and related infections; c) strengthening the capacity to collect and use surveillance data; and d) managing national HIV/AIDS

programs. GAP programs are under way in 16 countries in Africa and Asia, and programs are in the planning stages for another eight countries as GAP expands in Asia, and to Latin America and the Caribbean.

Dr. Helene Gayle, Director of the National Center for HIV, STD, and TB Prevention, wrote in her June 2001 commentary recognizing *Twenty years of AIDS,* "History has demonstrated that prevention saves lives, but the fight is far from over. On this twentieth anniversary of the first cases of AIDS in {the U.S.}, let us remember those lost by recommitting to all those who can be saved."[3]

Two decades of HIV/AIDS in the United States[4]

June 2001 marks twenty years since the first cases of AIDS were reported to CDC. Since 1981, 774,467 AIDS cases have been reported in the U.S., and approximately 450,000 of these individuals have died. Today, an estimated 800,000 to 900,000 individuals are living with HIV. As many as 300,000 remain unaware of their diagnosis. Estimates of HIV incidence (new infections) over time suggest that new infections peaked at over 150,000 in the mid-1980s, were reduced to an estimated 40,000 new infections a year in the early 1990s, and have been held roughly at this level throughout the last decade.

Over the past two decades, the HIV epidemic has expanded from one primarily affecting whites to one in which the majority of those affected are communities of color. An epidemic originally affecting gay men and injecting drug use has diversified into one in which heterosexual transmission, especially in women, plays an increasing role. Alarming trends in the mid- to late-1990s revealed that African American women have been disproportionately impacted by HIV infection. Men who have sex with men (MSM) remain the group most dramatically affected, but a new generation of gay men has replaced those who benefited from early prevention strategies. MSM of color have recently emerged as the population at greatest risk for infection.

Highly active antiretroviral therapies were developed in the mid-1990s and improved the length and quality of life for many infected individuals. These treatment advances have changed the landscape of HIV prevention, with the positive result of an increase in the number of HIV-positive individuals receiving treatment and prevention services. But treatment advances have also resulted in decreasing concern about HIV among some individuals who are at risk for infection. Though thousands of lives have been prolonged through treatment advances, new challenges for HIV prevention have also developed.

CDC begins the third decade of HIV/AIDS with an outline of urgent prevention needs designed to cut annual infections in half within five years. The outline includes: 1) intensive mobilization to increase the proportion of HIV-infected individuals who know their status; 2) new prevention programs for individuals living with HIV combined with improved linkages to treatment and care; and 3) highly targeted prevention programs for all HIV-negative individuals at greatest risk. These goals can be accomplished by expanding prevention efforts to reach gay and bisexual men of color, tailoring efforts to equip Latino and African American women with the skills and knowledge to protect themselves from infection, and sustaining efforts among white gay communities, which are showing increases in risky behaviors and

rates of sexually transmitted disease infection. CDC has also set the goal of accelerating research on microbicides and vaccines.

Twenty Years of HIV/AIDS in Virginia

Through the end of June 2001, Virginia had 21,975 cases of HIV/AIDS reported, with 66% of these individuals now living with HIV.[5] With an AIDS case rate of 14.4 per 100,000 population, Virginia ranks 18th in the nation. It is estimated that as many as 22,500 Virginians may be infected with HIV and not know their status.[6]

Virginia follows national trends of HIV/AIDS infection rates. Cumulative HIV/AIDS data show:

By gender, males comprise 79% all total infections, although infections among women significantly increased during the 1990s.

By risk, men who have sex with men is the largest proportion of both cumulative and new infections. For HIV infections reported through June of 2001, MSM, at 35.2%, is followed by men and women infected through heterosexual sex (24.4%) and then by injecting drug use (18.9%).

By race, more than 68% of new infections occur among African Americans, but African Americans are only 19.6% of Virginia's population.[7] Significantly, African American women are disproportionately impacted, representing 24% of all new infections.

By age, persons 20—39 years of age have consistently accounted for the largest proportion of reported HIV/AIDS cases.

Twenty Years of HIV/AIDS Public Health Initiatives in Virginia

1982 The first Virginia AIDS case is reported. A total of six are reported for the year.

1983 AIDS becomes a mandatory reportable disease in Virginia. Twenty-one cases are reported.

1984 Responsibility for AIDS activities is placed within the Bureau of STD Control. Virginia is one of the first states to integrate program services.

42 AIDS cases are reported in the Commonwealth.

1985 The Virginia Department of Health (VDH) establishes a toll-free AIDS hotline.

Testing of donated blood for HIV antibodies begins nationwide. In Virginia, four anonymous testing sites (ATS) are established to provide an alternative to learning HIV status only through blood donation.

The AIDS Medical Advisory Committee is convened to advise the Health Commissioner and Board of Health on AIDS-related policies.

VDH develops recommendations on day care and school attendance for HIV-infected children.

Females make up only 5% of the AIDS cases reported in the state.

1986 Local health department STD clinics begin offering HIV testing, counseling and partner notification services.

VDH begins funding prevention education and support services through AIDS service organizations (ASO).

The Bureau of STD Control becomes the Bureau of STD/AIDS.

1987 Local health departments expand HIV testing to tuberculosis, maternity and family planning clinics. Virginia is among the first states to offer widespread testing.

VDH initiates providing free Zidovudine (ZDV, AZT) for low-income persons.

CDC recognizes the quality of Virginia's HIV testing, counseling and partner notification programs.

VDH initiates minority AIDS projects in four health districts with the highest AIDS morbidity among racial/ethnic minorities.

1988 "Understanding AIDS" is mailed to 110 million homes by the U.S. government. VDH triples its AIDS hotline capacity to handle the increase in calls.

VDH conducts its first five-day Regional AIDS Training Course for state agency personnel and community-based organizations.

VDH begins HIV seroprevalence surveys in Richmond City Health Department tuberculosis clinic.

1989 The Department of Mental Health, Mental Retardation and Substance Abuse Services begins offering HIV testing, counseling and partner notification in methadone clinics.

The Virginia legislature makes HIV infection a reportable disease. Provisions are included for penalties related to a breach of confidentiality.

Additional legislation enacted through House Bill 1974 provides for the creation of Regional AIDS Resource and Consultation Centers for health care provider education and the AIDS Services and Education Grants Program to fund innovative HIV prevention and care services. Sixteen additional anonymous testing sites are also created through this comprehensive legislation.

The AIDS hotline adds Telecommunications for the Deaf (TDD) capability.

HIV seroprevalence surveys are extended to Richmond City Women's Health Clinics, STD Clinics and Drug Treatment Centers.

The number of cumulative AIDS cases in Virginia exceeds 1,000.

1990 Care services are funded for the first time through contracts with six agencies to provide personal care to people living with AIDS.

VDH funds a Spanish language hotline.

The Statewide HIV seroprevalence Survey in Childbearing Women (SCBW) is initiated.

1991 The Ryan White C. A. R. E. Act of 1990 provides funds to Virginia for outpatient care. VDH funds five HIV care consortia to deliver medical and support services and an AIDS Drug Assistance Program (ADAP).

Magic Johnson announces he is HIV infected. The Virginia STD/AIDS Hotline logs 650 calls in two days.

The STD/AIDS Surveillance program conducts first validation study to monitor AIDS reporting completeness.

VDH convenes governmental and community partners to develop a ten-year AIDS plan as directed by the Virginia General Assembly

Women now represent 14% of Virginia's AIDS cases.

1992 VDH receives a federal grant to participate in the Uniform Reporting System data collection pilot project for Ryan White clients.

For the first time, the number of new AIDS cases among Blacks exceeds the number of new cases among Whites.

1993 CDC revises the AIDS case definition to include additional clinical conditions and immunologic markers. Virginia records a peak of 1,638 cases.

VDH funds capacity building grants to support newly formed, rural and minority CBOs.

VDH funds demonstration sites for HIV prevention education in local health department clinics.

1994 VDH and Virginia Commonwealth University develop and distribute a manual for case managers working with persons living with HIV/AIDS.

The Virginia General Assembly appropriates funds for the Premium Assistance Program to provide insurance premium payments for persons with AIDS.

VDH convenes the Virginia HIV Prevention Community Planning Committee. The Committee establishes community HIV prevention priorities and makes funding recommendations to VDH through development of a Comprehensive HIV Prevention Plan.

VDH develops new Prevention Counseling curricula. The new material is in line with CDC revisions and meets staff needs for a more client-centered counseling, testing and partner notification orientation.

1995 Through supplemental funding from CDC, VDH establishes the Supplemental Street Outreach grant program. The grants help recipient organizations to improve and increase outreach to injecting drug users and others. VDH establishes three additional minority AIDS projects and establishes the HIV Prevention Targeting High Risk Youth and Adults Program.

CDC halts the Survey in Childbearing women because clinical trial results demonstrate that ZDV (AZT) reduces perinatal transmission of HIV from mother to infant.

VDH surveillance staff conduct eight validation studies and Virginia reports the second highest increase in AIDS cases nationally.

House Bill 1921 requires that all pregnant women be counseled about HIV and offered voluntary testing.

The Bureau of STD/AIDS becomes the Division of STD/AIDS.

1996 Due to the introduction of protease inhibitors in 1995, Virginia sees its first decrease in AIDS deaths since the epidemic began.

VDH convenes the AIDS Drug Assistance Program Advisory Committee to recommend medications to include and establish patient eligibility requirements.

VDH receives funding from HRSA to study the allocation of resources among Ryan White HIV Care Consortia.

The Virginia HIV Community Planning Committee begins advising VDH on STD and Ryan White C.A.R.E. Act activities to better coordinate STD and HIV prevention and care services.

1997 VDH initiates its first large-scale public information campaign. The “Its Your Body, Respect It Protect It” slogan is used on billboards, buses, posters and other media.

The cumulative number of AIDS cases in Virginia exceeds 10,000.

1998 The Men Who Have Sex with Men HIV Prevention Grants Program is established in response to limited targeting of this population.

VDH receives funding from HRSA to evaluate the effect of ancillary services on entry and retention in primary care.

The Division of STD / AIDS is renamed the Division of HIV / STD to better reflect program activities.

Women represent 22.7% of AIDS cases reported this year.

1999 Five religious organizations are funded under the African American and Hispanic Faith Initiative.

A three-day Core Strategies for Street and Community Outreach Course is created to strengthen street-based community services.

Primary prevention services for people living with HIV are initiated through a Prevention Case Management Program.

2000 Oral fluid HIV testing is initiated at nine pilot sites.

2,742 patients are served through ADAP. Thirty-five medications are available on the formulary.

The Seamless Transition Program is initiated to provide discharge planning and ensure incarcerated persons receive medical treatment and medications without a gap in services following their release.

VDH establishes an enhanced HIV / AIDS Pediatric Surveillance Program.

2001 The Ryan White Title II program is awarded supplemental funding through the Congressional Black Caucus to increase the number of racial / ethnic minorities using ADAP.

A Request for Proposals is issued to support community-based outreach and OraSure testing.

The HIV / STD / Viral Hepatitis Hotline experiences a 189% increase in calls during the week of National HIV Testing Day.

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[1] Centers for Disease Control and Prevention 05/29/2001Press Kit: Koplan JP: 20 Years of AIDS: 450,000 Americans Dead; Over One Million Have been Infected.

[2] Much of this text is taken from the reference in footnote 1.

[3] Centers for Disease Control and Prevention 05/29/2001Press Kit: Gayle HD: Twenty Years of AIDS; Honoring Those Lost to HIV by Preventing Its Future Spread.

[4] Centers for Disease Control and Prevention 05/29/2001Press Kit: Summary of MMWR articles, June 1,2001 {*Morbidity and Mortality Weekly Report* 50(20):429-456}.

[5] The percentage includes patients who are known to be alive and ones whose status is unknown.

[6] Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report* 2000; 12(1). Virginia estimates calculated from national figures.

[7] Source: U.S. Census Bureau State and County Quickfacts. Electronic document http://quickfacts.census.gov/qfd/states/51000.html, accessed 07/25/2001.